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STATE OF DELAWARE
BOARD OF CLINICAL SOCIAL WORK EXAMINERS

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DOCUMENTATION OF ATTEMPTS TO SECURE LCSW SUPERVISION

INSTRUCTIONS

The purpose of this form is to document your efforts to locate a Licensed Clinical Social Worker (LCSW) to supervise your post-masters experience. Complete it when:

- You have been unable to secure an LCSW as a supervisor, **or**
- You have completed post-masters experience under a supervisor who is not an LCSW.

The Board will consider this information when evaluating your application for licensure as a Clinical Social Worker (Section 4.1.1 of the Board's [Rules and Regulations](#)).

1. Applicant Name: _____
2. Have you contacted the office of the Board of Clinical Social Work Examiners to discuss possible supervisory contacts? Yes ☐ No ☐ If yes, enter the following information:
Date of Contact: _____ With whom did you speak? _____
3. Have you contacted the Delaware State University Department of Social Work? Yes ☐ No ☐ If yes, enter the following information:
Date of Contact: _____ With whom did you speak? _____
4. Have you searched for Licensed Clinical Social Workers in Delaware on the Division's website at dpr.delaware.gov (click on *Search & Verify Professional License*)? Yes ☐ No ☐ If yes, enter the following information:
Date Information Accessed: _____ Result: _____
5. Have you contacted any local social service agencies? Yes ☐ No ☐ If yes, enter the following information about each agency you contacted. If you need more room, enclose a separate sheet.

AGENCY NAME	CONTACT DATE	PERSON SPOKEN WITH

6. Have you contacted the Delaware Chapter of the National Association of Social Workers at www.naswde.org? Yes ☐ No ☐ If yes, enter the following information:
Date of Contact: _____ With whom did you speak? _____
7. Have you contacted the Association of Social Work Boards at www.aswb.org? Yes ☐ No ☐ If yes, enter the following information:
Date of Contact: _____ With whom did you speak? _____

8. Have you reviewed the telephone directory to identify all listings for Licensed Clinical Social Workers or Therapists? Yes ☐ No ☐ If yes, enter the following information about each listing you contacted. If you need more room, enclose a separate sheet.

DIRECTORY LISTING	CONTACT DATE	PERSON SPOKEN WITH

9. Enter the following information about all additional attempts and/or contacts, not covered in the questions above, that you have made to secure post-masters supervision from a LCSW:

PERSON SPOKEN WITH	CONTACT DATE	RESULT

10. Explain in detail the additional steps you took to secure a LCSW for supervision and why you were unable to locate a supervisory LCSW.

AFFIDAVIT

I certify that the information provided in this statement is accurate and complete to the best of my knowledge and belief. I understand that the Delaware Board of Clinical Social Work Examiners has the right to deny or revoke licensure, if I provide fraudulent information.

Signature of Applicant: _____ Date: _____

City of _____ County of _____

Before me personally appeared, _____, applicant, of lawful age, to me known to be the identical person who signed this document and being by me first duly sworn, on oath state that all the foregoing statements are true and correct to the best of his or her knowledge and belief.

Sworn to before me and subscribed in my presence this _____ day of _____, 2_____.

Signature of Notary: _____

SEAL

My commission expires: _____